

**WALLACE COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM
STUDENT CLINICAL ROTATION CONTRACT**

Student Name: _____

Student ID Number: _____

I understand that the primary objective of the Practical Nursing program at Wallace Community College is to prepare program graduates to perform competently as safe, professional Practical Nurses. In order to achieve this objective, it is necessary that each student complete the assigned clinical rotation in the designated healthcare facility. Such experience is educational in nature and is designed to develop each student's professional skills in order that each student may demonstrate specific entry-level competencies upon program completion.

I further understand that:

2. I am a student at Wallace Community College, enrolled in a clinical course requiring my presence at a healthcare facility;
3. I am **NOT** expecting and will **NOT** receive compensation for participation in the clinical course from either the institution or the healthcare facility;
4. I have **NOT** been promised and am **NOT** expecting to be offered a job at the healthcare facility as a result of participation in the clinical course.

Student Signature

Date